

_____, 2008

Director Anthony Rodgers
Arizona Health Care Cost Containment System
C/O Community Relations Administrator
801 E. Jefferson, MD-4100
Phoenix, AZ 85034
Fax: 602.252.6536

**RE: Permission to Conduct KidsCare Outreach within _____
School District in _____ County.**

Dear Director Rodgers:

I understand the Arizona Health Care Cost Containment System (AHCCCS) has authority to collaborate with school districts to provide information and conduct outreach pursuant to state law. I also understand that longstanding state law provides that outreach and information activities performed by AHCCCS or its contractors may not reduce or interfere with classroom instruction time.

Through this letter, I authorize AHCCCS and its contractors to conduct outreach and information activities relating to KidsCare and other AHCCCS programs within the above referenced district.

I look forward to our collaboration with you to help promote the health of Arizona's children and families.

Sincerely,

Superintendent Printed Name

Superintendent Signature